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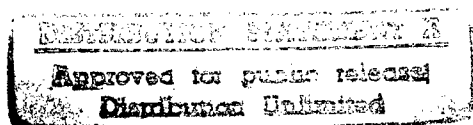
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FIRST ALL-RUSSIAN CONGRESS OF THERAPEUTISTS

[Translation]

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FOREWORD

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FIRST ALL-RUSSIAN CONGRESS OF THERAPEUTISTS

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G. N. Karapetyan
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The first All-Russian Congress of Therapists was held in Moscow from the 8th to the 13th of December 1958. In a sense this was the founding congress, for the Russian therapists up to this time had no republican society of their own, but were members of the All-Union Society of Therapists and participated in the all-union congresses. About 40,000 therapists are practicing in the territory of the Russian Soviet Federated Socialist Republic. It is for this reason that the founding of the Republican Society of Therapists and the convocation of the Republican Congress are significant events which should contribute to better work and an increase in the role played by the oblast and city scientific societies of therapists.

The recent First Congress was convoked by the Ministry of Health of the RSFSR and the leadership of the All-Russian Scientific Society of Therapists. More than 1,200 delegates representing different oblasts and autonomous republics of the RSFSR as well as a large number of guests took part in its work. Visitors from almost all union republics were also present. The large attendance, the large number of reports read and the large number of delegates and guests who took part in the debates indicate that the problems which were discussed were of paramount interest.

On the agenda of the congress were the following problems: disease incidence among the population of the RSFSR (data on the most important internal diseases); diagnostics of diseases of the cardio-vascular system; therapy of cardio-vascular diseases; diagnostics and therapy of renal diseases; diagnostics and therapy of hepatic diseases; and the problem of collagen diseases. Problems of instrumental methods of the investigation of the cardio-vascular system were mainly discussed at the sectional sessions: electrocardiography, ballistocardiography, kymography, vectorcardiography, and cardiophonography. The highly successful combination of scientific and organizational problems of health in the talks delivered by S. V. Kurashov, the Minister of Health of the

USSR and by K. Ya. Shkhvatsabaya, the Chief Therapeutist of the Ministry of Health of the RSFSR made it possible for the congress to discuss and adopt decisions on scientific problems closely connected with practical problems of health.

S. V. Kurashov in his talk spoke about the Seven-Year Plan for the development of the national economy of the USSR as it was presented in the theses of the report made by Comrade N. S. Khrushchev at the XXI Congress of the Communist Party of the Soviet Union. S. V. Kurashov in detail characterized the health problems in this period, having pointed out that the scientists must first of all work with greater intensity on the problems of prophylaxis, diagnostics, and therapy of those diseases which as yet are in the first place as regard to incidence and mortality, as well as those which cause the loss of time by workers because of their being temporarily incapacitated: cardiovascular diseases; malignant tumors; influenza; and industrial and agricultural accidents.

The task of considerably reducing morbidity is a duty incumbent on all medical workers, and first of all on the therapeutists whose specific number among all physicians comprises 47.8%. The Minister of Health expressed the hope that following this congress, the All-Russian Society of Therapeutists will play an important role in the fulfillment of the tasks which are confronting the RSFSR Ministry of Health. The need for active work of the society and its branches in the cities and oblasts will be growing; the society therefore must be closer to life and to practical activities. In particular the participation of the leadership of the All-Russian Society in work of the health organizations and first of all in the work of the Ministry of Health of RSFSR must be considerably intensified. The Branches of the Society must broaden and improve their work. A condition, in which of the 40,000 physician-therapeutists in the republic only 6,000 are members of the society cannot be tolerated.

K. Ya. Shkhvatsabaya in his paper entitled "On the Morbidity of the Adult City Population of the RSFSR with the More Important (More widely distributed) Internal Diseases," cited data which showed a considerable reduction of morbidity and mortality among the population of the Russian Federation from a number of diseases as compared with the disease incidence in and mortality from the same disease in the pre-revolutionary time. The speaker submitted convincing data which proved the great successes which were achieved by our country in the matter of national health as compared with achievements in the capitalist countries and particularly in the USA. He noted that morbidity in the population of the RSFSR with the more important internal diseases -- cardio-vascular diseases, rheumatism, diseases of the respiratory organs, diseases of the digestive and the urino-genital systems --

has been declining from year to year as a result of the steadfast growth of the material wellbeing and cultural level of the people, the improvement in the general physical condition of the population, and the many therapeutic and prophylactic measures carried out by the party and the government. The decrease in lethality and mortality from this widely prevalent group of internal diseases proves the effectiveness of the therapeutic and prophylactic measures which aim at the improved diagnosis and early discovery of diseases, timely hospitalization, better quality of therapy and care of the patients, and the broadening and improving the quality of the care of out-patients.

In its resolution adopted on this report the Congress noted that the further substantial reduction in the incidence of and mortality from cardio-vascular diseases is one of the major problems, and that to the solution of this problem the main efforts of physicians and scientific research workers in the field of internal medicine must be devoted. With the view toward the further decrease of morbidity in and mortality of the population, the congress called attention to the necessity for a thorough study and clarification of the factors of the external medium, particularly working conditions in the origin and development of diseases; the study of premorbid conditions; the early diagnosis of diseases and their prompt and effective therapy; the search for new and more effective means of therapy; the further improvement in the care of out-patients; and the full development and improvement of prophylactic measures. The congress emphasized its insistent recommendation that all physician-therapists take an active part in the daily effort to improve the preparation of the primary medical report, the morbidity report in particular, and that they systematically and thoroughly analyze morbidity reports utilizing the results of the analysis in adopting concrete therapeutic and prophylactic measures.

Turning to the scientific papers which were discussed by the congress, it should be noted that it is not possible in a short article to report or even briefly characterize each of the papers on the agenda of the congress. It will be possible to report only on the general characteristics of individual problems and to briefly report on the content of some of the papers.

Fifty-eight papers were heard at the plenary sessions, and 53 at the sectional meetings of the congress. Of the total number of speakers 51 were from Moscow, 13 from Leningrad, five from Kazan, four from Gorky, and one-three from other cities. Most of the papers (50) were devoted to problems of diagnostics. Therapeutic problems were the topic of 37 reports, and general clinical problems and problems of therapy and pathogenesis of 21 papers.

Two plenary sessions were devoted to the problems of cardiovascular diseases. One of the important current problems of cardiovascular pathology ("Diagnostic and Pathogenic Facets of Atherosclerosis and Hypertonia") was the subject of a paper read by A. L. Myasnikov. Hypertonia is encountered on an average of four times oftener in patients with atherosclerosis than in similar age groups of patients without the symptoms of atherosclerosis. A common bond in regard to their family-inherited characteristics exists between them, and it is difficult to differentiate between them at the time of their origin. On the basis of a number of data it may be assumed that both diseases develop simultaneously; to both diseases are common a whole series of disturbances, identical modifications of metabolism (a common biochemical background), the role of nervous tension as an etiological factor, and manifestations of coronary insufficiency. The mutual relations between these two diseases are complex: they may stimulate each other or they may inhibit each other.

In speaking of the connection between the two affections, hypertonia and atherosclerosis, two points of view were formulated by the speakers: according to the first of these, two diseases different in nature originate under similar conditions of the environment in a specific group of people, and mutually influence the course of the disease process; according to the second, only one disease exists which in some cases is in the form of hypertonia and in other cases in the form of atherosclerosis, more frequently with the one and the other syndrom simultaneously or successively.

In a report entitled "On Indices of Mitral Commissurotomy," V. N. Vinogradov and I. I. Sivkov pointed out that the best remote results in cases of commissurotomy depend first of all on the correct selection of patients for surgery. Mitral commissurotomy produces best results only in patients with an expressed mitral stenosis or in cases where there is a considerable predominance of stenosis over mitral valve insufficiency. For the correct selection of patients for surgery it is necessary to carry out a thorough and complete examination by utilizing all available diagnostic means, particularly roentgenokimography, tomography, electro- and vectorcardiography, and phonocardiography. Cardiac catheterization makes it possible to determine blood pressure in the cavities of the right heart and the pulmonary artery system; the gas composition of the blood; the heart volume per minute, and the area of the mitral opening.

The speakers came to the conclusion that an expressed insufficiency of the mitral valve, the presence of an expressed lesion of the other valves in patients suffering from mitral stenosis, as well as the presence of an active rheumatic process contraindicate mitral commissurotomy. Surgery on patients with an active rheumatic process may

be performed only after active antirheumatic therapy has been carried out and not sooner than two to three months after treatment and the normalization of the erythrocyte sedimentation reaction. An inert rheumatic process in patients with an expressed constriction of the mitral orifice does not contraindicate surgery. However, active pre- and post-operative antirheumatic therapy is necessary in this case.

In a report entitled "On the Diagnostics of Mitral Stenosis" A. A. Shelagurov and P. N. Yurenev pointed out that the widespread application of surgical therapy requires not only the localization of the lesion, but also the determination of the degree of constriction of the mitral orifice. A complex examination of the patients with the application of all new special methods is required for this purpose. An important role in this respect is played by phonocardiography, vectorcardiography, registration of the pressure in the cardiac cavities and in the system of the pulmonary artery, angiography, and others.

In a report entitled "Roentgenodiagnostics of Atherosclerosis" Z. G. Spektorova informed that the following Roentgenological methods of investigation were utilized for the diagnosis of vascular atherosclerosis: roentgenokymotography, roentgenography, and in some cases tomography. The application of these methods in accordance with a determined system plays a big role in the exposure of preclinical and concealed forms of atherosclerosis of the abdominal aorta and its large branches, particularly the accumulation of patches of calcinosis at the level where the main renal arteries in patients suffering from hypertonia emerge, provides a basis in each concrete case for the question on symptomatic renal hypertonia connected with the constriction of the lumen of the renal artery, and the consequent disturbance of the blood supply to the kidneys. The functional disturbance of the organs of the abdominal cavity and symptoms of disturbed circulation in the lower extremities in a number of cases are undoubtedly connected with the manifestation of calcinosis of the abdominal aorta, its large branches, and the arteries of the extremities.

In a report entitled "Electromyography of the Respiratory Muscles as a Method of the Determination of the Presence and Degree of Expressed Coronary Insufficiency," L. I. Fogel'son and V. A. Potreyeva reported on the investigation of the bioelectrical activity of the respiratory muscles in 62 patients afflicted with coronary insufficiency of various degrees. The registration of the bioelectrical activity of the respiratory muscles makes it possible to disclose in the patients the presence of coronary insufficiency in those cases when it is predominantly expressed in dyspnea and disturbed external respiration, according to the data which were obtained by the authors.

V. G. Popov read a report entitled "The Clinic and Diagnostics of Infarcts of the Myocardium Recurring at Short Intervals," very much of an actual problem. The duration of the interval which separates each successive infarct from the preceeding one has an essential effect on the formation of the clinical picture, and the course and outcome of the newly developed infarct. The shorter the duration of the interval, the more effectively can the symptoms of the first infarct disguise the clinical picture of the recurring disease. The speaker separates the myocardia infarcts which develop at intervals of two to two and a half months into an independent group, basing this separation on the peculiarities of the clinical picture, course, difficulty of diagnosis, difficult prognosis, and the supposition that the period of two to two and a half months is one at the end of which compensation of the functional as well as morphological disturbances caused by the preceeding infarct takes place. The greatest danger of the recurrence of an infarct exists in the period of two to two and a half months. The severity of the preceeding infarct and the sharply expressed and usually stenosing atherosclerosis of the coronary vessels are apparently those factors which may contribute to the development of infarcts at short intervals. In patients observed by the author, the electrocardiographic changes varied from symptoms which are characteristic of a new focus of affection to the complete absence of such symptoms.

A. I. Gefter spoke about the clinical significance of ballistocardiography in cardiac diseases. On the basis of his investigations the speaker came to the conclusion that ballistocardiography should be widely utilized in the complex of the clinical study of patients afflicted with cardiac diseases. This important supplementary method of investigation of the functional condition of the myocardium may be utilized in a number of cases when the problems of diagnosis and prognosis are considered, and the course of the disease and the effectiveness of the therapy are being observed.

The significance of the determination of the activity of glutamin-oxalaacetic transaminase in the diagnostics of the myocardium infarct was the subject of a report made by I. V. Martynova and B. I. Kramorovskaya. A number of reports dealt with problems bearing on cardiovascular diseases. D. D. Yablokov pointed out that eryside, erysimine, syrenide, dilanide, digipuren, and corlicon are active cardiac drugs and should be introduced into medical practice.

N. S. Molchanov read a paper in which he reported on the new hypotensive drugs: tetamine, nanophine, smirnovine, raupine, serpasil, reserpine, and novocaine-amide which arrest attacks of paroxysmal tachicardia. Ginseng and desoxycorticosteron acetate are the most active of those drugs which have an antispasmodic effect in hypertonia.

B. P. Kushelevskiy advanced the question on the wide application of anticoagulants in the absence of contraindications. These should be applied not only in cases of myocardium infarcts, but also in cases of hypertonia accompanied by stenocardia and spasms of the cerebral vessels; in rheumatic mitral vitrium cortis; thromboses and embolisms of the pulmonary artery; phlebothromboses; and thrombophlebitis of the veins of the lower extremities and the small pelvis.

G. D. Zaleskiy and V. P. Kaznacheyev reported on the application of heparin in the therapy of rheumatic vitium cortis with the thought that heparin decreases the permeability of the vascular capillaries and improves the functional conditions of the cardio-vascular system.

A. A. Bagdasarov and others spoke on the effect of anticoagulants on the blood coagulating system in cases of the infarcts of the myocardium and stenocardia. S. V. Shestakov and N. V. Pechenina spoke on the therapy and prevention of acute thromboses and embolisms.

P. Ye. Lukomskiy elucidated the important problem of the application of some vitamins and other drugs which have a beneficial effect on lipid metabolism to patients with coronary insufficiency.

I. A. Chernogorov spoke on the therapy of the disturbed conductivity of the heart. B. B. Kogan spoke on the functional-diagnostic significance and the therapeutic effectiveness of eufhyllin in cardiac insufficiency.

The sectional meetings were also mainly devoted to problems of cardio-vascular diseases, their therapy, and to methods of instrumental investigation. In its resolution, the congress noted that notwithstanding the decrease in level of morbidity, mortality from diseases of the cardio-vascular system is still high. The congress pointed to the great practical significance of the solution of the problem of the relationship between atherosclerosis and hypertonia; to the solution of the problem of prophylaxis and therapy of the disease. Attention was called to the necessity for therapeutists to take part in the solution of the problem in regard to indications for cardiac surgery; to their great responsibility for correctly diagnosing the character of the cardiac valve affection; to the necessity for the introduction of new modern methods of investigation in addition to the utilization of the old tested methods. The necessity for the introduction of new biochemical methods on investigation: the determination of the blood content of fibrinogen and transaminase which are acquiring great importance in the differential diagnostics between stenocardia and myocardium infarct was emphasized.

The congress noted the necessity for the therapy of patients suffering from myocardium infarcts with anticoagulants from the first days of the disease (in the absence of contraindications). The advisability

of the prompt introduction of therapy with anticoagulants into the practice of polyclinical establishments under the observation of trained physicians, and the carrying out of laboratory investigations and the control of blood prothrombine was recognized.

For the therapy and prophylaxis of atherosclerosis it is expedient to apply certain lipotropic drugs: choline, methyonine, vitamin B₁₂, unsaturated fatty acids, and others. It is necessary to pay considerable attention to the rational nutrition of the people in general, and of patients afflicted with atherosclerosis in particular. When treating patients suffering from circulatory insufficiency and hypertonia it is necessary to search for, to investigate, and more widely introduce into practice substitutes of strophanthin as well as new hypotensive drugs developed in our country. It is advisable to prescribe euphyllin in cases in which a rise of pressure in the small circulatory system occurs, and in a number of cases-the simultaneous, intravenous administration of strophanthin and euphyllin.

Papers read by M. S. Vovsi and M. Ya. Ratner, N. A. Ratner, S. G. Moiseyeva, N. I. Ivanova, S. A. Reyzel'man, and others dealt with the problems of diagnostics and therapy of renal diseases.

In a paper entitled "On the Methods of Investigation and Therapy of Patients Suffering from Nephritis," M. S. Vovsi and M. Ya. Ratner noted the necessity for the application of such methods of investigation as electrophoresis of the blood serum protein fractions, the determination of the gualuronidase activity of the blood serum, and vectorcardiography in the study of the genesis and nature of extrarenal symptoms. At the clinic of which the speakers are heads, work has been done for the formulation of specific diets and for the discovery of new types of pharmacological means to be used in the treatment of nephritic patients. The speakers pointed out that in the investigation of the partial renal functions such as glomerulus filtration in the endogenic creatinine, duct secretion and renal circulation through the diatrast and paraaminohypurate in nephritic patients it was established that these indices are more sensitive for disclosing disturbances of the renal excretion capacity than are the methods usually utilized for this purpose. However, the authors emphasize that the data obtained in the investigation of the partial functions of the kidneys may be utilized only if the normal indices of the excretion capacity of the kidneys and clinical course of the disease are simultaneously taken into consideration. An increase in the alpha₂-globulins and of serum globulins is characteristic in nephritic patients. These modifications are particularly great in cases with nephrotic types of the disease. The gualuronidase activity of the blood serum is particularly high in acute nephritis and in cases of aggravation of chronic nephritis. The changes in gualuronidase activity of the blood serum precede the appearance of

edematous syndrom and occasionally may be utilized for the early prognosis of the disease. Vectorcardiographic data indicate that nephritis causes disturbed interstitial metabolism in the myocardium.

The diet prescribed by the speakers is marked by a specially low content of sodium and proteins and is highly effective in edematous and hypertonic syndroms which accompany Bright's disease. The adrenocorticotrophic hormone and cortisone were found to be quite effective mainly in nephritis which is accompanied by an edematous albuminuric syndrom. The application of preparations of the phenothiazine order -- largactil, mepazine, chloracizine -- have a positive effect in those forms of nephritis which occur without an expressed edematous-albuminuric syndrom.

N. A. Ratner in his report entitled "Diagnostics of Chronic Pyelonephritis and its Significance in Hypertonia," spoke about the data published in recent years according to which chronic pyelonephritis occupies one of the first places among reasons for symptomatic hypertonia. The speaker told about symptomatology of chronic pyelonephritis. The identification of this disease as a cause of hypertonia is of great practical significance for it opens new ways of therapy of symptomatic hypertonia.

Having heard the reports on diagnostics and therapy of renal diseases the congress noted that although the number of cases of renal diseases has been decreasing from year to year, in the territory of RSFSR, their number, however, is still great. It is necessary therefore to further study the diagnostics, prophylaxis, and therapy of renal diseases.

In its decisions the congress emphasized that in addition to the investigations of the renal functions with the help of a Zimnitsky test, and the determination of the residue nitrogen in the blood, the application of the so-called coefficients of purification is necessary: first, the practically more accessible coefficient of purification of creatinine, and also the investigation of the protein fractions in the blood. Wide practical use must be made of the method of calculation of leukocytes and erythrocytes in the precipitate according to the Kakovsky-Eddis method, which is of practical significance for the diagnosis of pyelonephritis, and also the roentgenological investigation of the kidneys. The congress considered it advisable to apply rauwolfia alkaloids -- reserpine, serpasil (occasionally in conjunction with a hyposodium diet) -- for the control of an increase in arterial pressure in nephritic patients. Therapy of patients afflicted with chronic nephritis may be utilized as a supplementary method in the absence of contraindications.

Reports read by Ye. V. Chernysheva, L. D. Lindenbraten, Z. A. Bonndar', V. V. Vinogradova, Ye. L. Nazaretyan and others dealt with problems of the diagnostics and therapy of hepatic diseases.

The congress noted that hepatic diseases are acquiring considerable importance in internal pathology at the present time, particularly because of the widespread prevalence of Botkin's disease. In this connection the congress considered it necessary to recommend the further development and introduction into practice of modern methods of investigation: intravital investigation of the liver by the method of aspiratory puncture, and the intravital histochemical study of hepatic tissue, cholangyocholecystography, splenoportography, laparoscopy, electrophoretic investigation of the proteins of the blood serum, and the indices of the disturbance of the enzymatic systems.

The recognition of the important role which Botkin's disease plays in the development of chronic hepatitis and cirrhosis of the liver evokes the necessity of the organization of out-patient service to persons who have had Botkin's disease. In applying complex therapy to patients suffering from diseases of the liver and bile ducts, it is particularly necessary that the results of the therapy of angiocholelitis with antibiotics on a background of a therapeutic diet rich in proteins, and the further development of the therapy with hormones, vitamins, and lipotropic factors be taken into account. Particular attention should be paid to the study of the prophylaxis of the transition of acute hepatitis into chronic.

The reports read by Ye. M. Tareyeva, A. I. Strukova, A. I. Nesterova, and others on collagen diseases was heard with great interest. Ye. M. Tareyeva in the report entitled "The Problem of Collagen Diseases in the Therapeutic Clinic" said that at the basis of the origin of collagen diseases, a group of diseases which includes, first of all, the so-called large collagen diseases (systemic lupus erythematosus, systemic scleroderma, dermatomyositis, and periarteritis nodosa) is the conception of the systemic affection of the connective tissue. A number of syndromes which in different combinations and sequence determine the clinical characteristics of individual pathological forms, occupy the largest place in the symptomatology of collagen diseases. Such syndromes are the derma-muscular-joint syndrome, the vascular and cardiac syndrome, the hepatic, pulmonary (broncho-lung-pleurotic), abdominal, hepato-lieno neurological, general dystrophic (cachectic), febrile, hematological, dysprotheminic, and several other syndromes.

From the point of view of the clinician collagen diseases to some degree present an image of a developed nonspecific reaction or of a large nonspecific syndrome, a polyetiologial and as a rule noninfectious syndrome. The severity of the course of the disease and the frequency

of the lethal outcomes are mainly determined by the frequency of the recurrence of the disease with the development of dystrophy and insufficiency of individual organs.

In a report entitled "The Morphology of Collagen Diseases" A. I. Strukov pointed out that the name collagen diseases unites a group of afflictions at the basis of which is the diffused affection of the intercellular substance of connective tissue and the collagen protein -- its component. It may be assumed at the present time that it has been established that collagen disease is not a nozological but a pathogenetic disease, and that rheumatism, rheumatoid arthritis, systemic lupus erythematosus, nodular periarteritis, scleroderma, and dermatomyositis should be included in the group of collagen diseases. One common symptom which makes it possible to unite into one group the collagen diseases is the character and common type of the affection of the connective tissue.

The so-called fibrinoid modification of the connective tissue, the biochemical and histogenetic nature of which cannot be regarded as having been solved, form a morphological symptom of the affection of the connective tissue in all collagen diseases.

The speaker noted that the essence of the morphological comprehension of collagen diseases should be based not so much on the investigation of cellular reactions but on the study of paraplastic substances and their morphological and biochemical changes. A. I. Strukov pointed to the close mutual connection between collagen diseases and changes in the reactivity of the organism. This close relationship is borne out by the fact of the conjunction of rheumatism and rheumatoid arthritis with allergy.

A. I. Nesterov read a report entitled "Infectious Nonspecific Polyarthrititis as One of the Basic Forms of Collagen Diseases in a Clinic of Internal Diseases."

In infectious arthritis as in rheumatism the determining factor in the development of the disease is not the specific infection, but individual immunological reactivity which under conditions of chronic infectious sensibilization induced by other factors is clinically manifested in a progressively developing and strengthening allergy which predominantly affects the connective tissue system. The generalized affection of the connective tissue system and the deep disturbance of the general immunological reactivity together with the individual reaction of different organs and systems to pathogenic factors are at the basis of the development of infectious arthritis as a general infectious-allergic disease and its different clinico-anatomical variants.

The speaker provided a clinical classification of the disease and its variants based on many years of observations of more than 500 patients. In the proposed classification of the forms of infectious arthritis are acute, subacute, and chronic, with exudative proliferating, and osseous (ankylosing and dystrophic) manifestations predominating. Among the comparatively more rare forms which are of greater practical significance are infectious arthritis with affections of the kidneys, the circulatory system, skin, liver, lungs, lymphatic nodes, and the spinal column. Of considerable theoretical interest as well as of practical importance are forms of infectious arthritis with cardiac and vascular system affections.

On the basis of the reports that were heard, the congress in its resolution wrote that the unification of a group of some diseases with systemic affections of the connective tissue into a single pathogenic group is advisable for it reflects the present level of our knowledge in the areas of morphology and fine histochemical changes and modification which take place in the cases of such widespread diseases as rheumatism, infectious polyarthritis, and others. However, the congress supported the point of view of Soviet scientists which claims that such unification on the basis of pathogenic and pathomorphological symptoms does not indicate that these diseases are not individual nosological forms of the disease.

In view of the peculiarities of the connective tissue affections in cases of different collagen diseases the further study of the processes of disorganization of connective tissue; the clarification of the mechanisms which regulate the life activity processes of connective tissue, as was already indicated by Academician A. A. Bogomolets; the further study of the morphological, immunological, and histological changes which take place in connective tissue, as well as of the biochemical reactions, etiology, pathogenesis, clinic, diagnostics, prophylaxis and therapy of collagen diseases is recommended.

The congress approved the proposal for the organization of a center for the study of this group of diseases at the Institute of Rheumatism; the intensification of the study of these diseases in medical institutes; and the discussion of this subject at sessions of the scientific societies of therapists.

This brief account of some of the reports heard and some of the problems discussed indicates the great volume of work done and the considerable preliminary work carried out by the congress.

With regret, one serious defect in the preparation and the work of the congress, must be noted: the absence of reports dealing with the prophylaxis of diseases. It was perfectly proper that the organization committee has chosen as its slogan and placed on the first page

of the program the following citation from the directive of the XX Congress of the Communist Party of the Soviet Union: "Secure the Further Development of Medical Science by Concentrating all Efforts of the Soviet Scientists on the Search of New Methods and Means of Prophylaxis and Therapy." However, no reports dealing with prophylaxis, and its new methods in particular, were presented at the congress. It may be hoped that the administration of the All-Russian Society, in its daily work and in particular when preparing for the regular republican conference of the congress of therapists, will take steps to correct this serious defect.

Our entire nation is with great enthusiasm launched on the implementation of the Seven-Year Plan for the development of the national economy as adopted by the XXI Congress of the Communist Party of the Soviet Union. In the new period of the development of the Soviet Union, a period of expanded building of a communist society, the physician-therapists and all medical personnel are faced by the highly responsible tasks of the further improvement of health, still greater improvement in the quality of the medical service to the people, the fight for the elimination of infections, for a good life, health, and long life of the Soviet people.

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